

To: HealthCare Commission
Attention: Marcia Nichols
From: Laurie Schipper, Executive Director
Iowa Coalition Against Domestic Violence
Date: September 24, 2009
Re: Testimony on Non-profit Health Insurance Concerns

- **How many full and part-time employees do you have?**

ICADV currently has 12 full-time employees and 4 full-time AmeriCorps Members. At given points in time throughout the year we may have an additional 2-4 part-time employees who are hourly or part-time AmeriCorps Members.

ICADV also represents 27 domestic violence programs throughout the state that on average employ 5 full-time employees. Local domestic violence programs have been struggling with offering health care benefits for many years. Some local programs currently provide paid health care benefits for their staff while many others struggle to offer a group plan and are unable to provide any paid benefit.

Many rural domestic violence programs don't have enough employees on who wish to participate in the agency's group health plan. In many instances their employee numbers drops below the allowable number, leaving employees who might be in the middle of a health care crisis or pregnant without medical insurance.

- **What kind of coverage, if any, do you offer now (deductibles, percentage co-pay, etc.)?**

ICADV offers a plan with a \$1,000 deductible; \$15 office visit; \$150 emergency room visit; and an after deductible 15% until \$2,000 out of pocket is reached. All benefits are in-network. Prescriptions: Generic drugs are \$10 and brand name drugs are \$25.

- **What percentage or amount of the premium is paid by employee and the agency or organization?**

ICADV gives each full-time employee \$400/month in the form of a cash benefit stipend to use towards health insurance, retirement, and/or a flex benefit plan.

- **What trends over the last 5 years, i.e. deductible increases, premium increases, amount of premium paid by staff, etc.?**

This year our premium went up 25.43% even though our payout went down. Two years ago we paid out \$126,835.75 in claims. Last year we only paid out \$22,043.94. On average groups from 2-50 employees received a 12% increase.

Many staff find that they have lower premiums if they go to an individual plan outside the agency versus our agency group plan. This unfortunately, leaves folks on our group plan that is higher risk, making premiums even higher.

Because we have so few employees that use the insurance, we are on a two-tiered plan making the insurance prohibitive for many employees. Our agency is less attractive to single parents because we can only offer a two tier plan.

This concern is true for most local domestic violence programs as well. As a general rule, domestic violence and sexual assault work results in stress related illnesses.

- **What strategies have you tried or are trying now to be able to offer health insurance to your employees?**

We have been unable to pay for health insurance benefits for employees and be able to offer other benefits such as retirement and flex plans.

- **During this time period, have you had to change insurance carriers in order to be able to afford to provide coverage? If so, how many times and what difficulties might have been encountered in doing that?**

No, we haven't changed carriers but we've been forced to change plans and offer higher deductibles.

- **What recommendation(s) would you give this commission concerning our efforts to extend affordable, quality health coverage to you organization?**

We need to be able to join a large state pool of non-profits in order to keep premiums down. We can't afford to administer our own larger pool which would include all the domestic violence programs in the state. In the past we've looked at pooling all the domestic violence programs and administering the plan but we don't have the cash flow to be able to pay the premiums up front and wait for reimbursement from local programs. In addition, local domestic violence programs form a larger pool of people with pre-existing health conditions.